

ADULT HEAD INJURY REIMBURSEMENT SCHEDULE

SERVICE CODE	DESCRIPTION	UNIT	REIMBURSEMENT RATE
COGNITIVE/BEHAVIORAL			
107	Comprehensive Day Program	3 hour day	\$65.00
0003	Comprehensive Day Program	6 hour day	\$110.00
0005	Neuropsychological Evaluation and Consultation	Flat fee	\$588.60
0006	Behavioral Assessment and Consultation	15 minutes	\$13.00
ADJUSTMENT COUNSELING - INDIVIDUAL			
0010	Individual Adjustment Counseling - Psychologist	15 minutes	\$13.00
0011	Individual Adjustment Counseling - Social Work	15 minutes	\$10.00
0012	Individual Adjustment Counseling - LPC	15 minutes	\$10.00
ADJUSTMENT COUNSELING - GROUP			
0013	Group Adjustment Counseling - Psychologist	15 minutes	\$6.00
0014	Group Adjustment Counseling - Social Work	15 minutes	\$5.00
0015	Group Adjustment Counseling - LPC	15 minutes	\$5.00
THERAPIES			
0016	Physical Therapy	15 minutes	\$10.50
0017	Occupational Therapy	15 minutes	\$10.50
0018	Speech/Language Therapy	15 minutes	\$10.50
COMMUNITY INTEGRATION			
0004	Transitional Home and Community Support	15 minutes	\$8.00
0138	Socialization Skills Training	3 hour day	\$65.00

EDUCATIONAL/VOCATIONAL

108	Pre-Vocational/Pre-Employment Training	3-hour day	\$65.00
0007	Special Instruction	15 minutes	\$4.00
0008	Pre-Vocational/Pre-Employment Training	6-hour day	\$110.00
0009	Supported Employment Long-Term Follow-Up	15 minutes	\$8.00

TRANSPORTATION

0026	Individual Transportation	1 mile	\$1.25
0027	Group Transportation - Same Location	1 mile	\$1.25
0028	Group Transportation - Different Locations	1 mile	\$1.25